

Oliver House (Kirk Hallam) Ltd

# Oliver House

## Inspection report

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Derbyshire  
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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Oliver House is a nursing care home providing personal and nursing care to up to 26 people. The service provides support to younger adults and older people, including those with dementia. At the time of our inspection there were 22 people using the service. People are cared for over 2 floors, with communal spaces and a secure outdoor space.

### People's experience of the service and what we found

Since our last inspection, the provider had made significant improvements to the service. Medicines were now safely managed. Risk assessments were up to date and provided clear guidance on how to safely support people's identified risks, such as diabetes or skin integrity concerns. The home was clean and well-maintained and checks were in place to ensure specialist equipment was fit for purpose. People felt safe using the service and able to raise concerns with staff. The registered manager and staff understood how to recognise, report and investigate potential abuse. There were enough staff to meet people's needs. Accidents and incidents were reviewed and analysed so lessons could be learned when things went wrong.

Assessments of people's needs were informed by nationally recognised tools and explored people's diverse needs. Staff were suitably trained to carry out their roles and received ongoing support to remain skilled and competent. Staff worked well as a team and alongside relevant healthcare professionals, referring and following recommendations appropriately meaning people achieved good outcomes in relation to their health and well-being.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were kind and caring and considerate of people's diverse needs. People's needs, preferences and choices were well understood, and their privacy and dignity respected.

People received person-centred care, and staff knew people well. There were a variety of activities and engagements with the local community for people to get involved in. People and relatives felt able to raise complaints and that they would be dealt with by the provider. People were supported to make decisions about their preferences for end-of-life care.

Improvements had been made to the overall governance and quality assurance systems. The registered manager had effective oversight of risk within the home, completing regular audits and taking action to improve safety where identified. Feedback was encouraged and people, relatives and staff could share their views through surveys and meetings. There was an open and inclusive culture at the service which meant people received personalised care and good outcomes. The service had positive working relationships with a range of key stakeholders.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was Requires Improvement (published 19 July 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvement had been made and the provider was no longer in breach of regulations.

#### Why we inspected

When we last inspected Oliver House on 3 May 2022 breaches of legal requirements were found. We undertook this inspection to check whether the warning notices we previously served in relation to regulation 12 (safe care and treatment) and regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. We also checked whether the provider had followed their action plan and to confirm they now met legal requirements.

#### Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Oliver House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 1 inspector.

#### Service and service type

Oliver House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Oliver House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

The inspection was unannounced

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We contacted Healthwatch for feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the

public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 3 people who used the service and 8 relatives of people who used the service. We spoke with 8 members of staff including the registered manager, administrator, nurses, care assistants, kitchen staff and housekeeping. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed a range of records including 5 people's care records, medicine administration records and some records relating to the management of the service were also reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had made enough improvements and the service was no longer breach of the regulation.

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks. For example, skin integrity risk assessments were in place for people at risk of pressure sores. Pressure relieving equipment was in place to support people's skin integrity and where people required regular repositioning, records showed this was carried out.
- Risks in relation to diabetes were now suitably assessed. Staff had guidance on how to monitor for symptoms of high or low blood sugar and had received diabetes care training.
- People's risk assessments were reviewed on a monthly basis, where people's needs had changed this was recorded within the reviews, so staff had up to date information on managing risks.
- Regular maintenance checks were completed on the environment and equipment. This included fire safety checks.

### Using medicines safely

- People were supported to receive their medicines safely.
- At our last inspection, medicine administration records (MAR's) were not completed in line with best practice guidance. At this inspection, MAR's were now completed appropriately and front sheet profiles were in place for everyone using the service.
- Protocols were now in place for people prescribed 'as required' medicines. These provided sufficient details for staff to understand how and when to administer these medicines.
- Where people were prescribed pain patches, records in relation to the application and rotation of the pain patches were now clear and followed.
- Medicines were stored and managed safely. Effective systems were in place to pick up on any medicine errors or discrepancies in stock and quickly rectify any issues.
- People received their medicine from trained and patient staff. One relative told us, "[Nurses] are very good with medication and always have consideration for how she is feeling when administering."

### Preventing and controlling infection

- At our last inspection infection prevention and control (IPC) guidance was not always followed. At this

inspection, people were protected from the risk of infection as staff were following safe infection prevention and control practices.

- The home was clean. Equipment and mattresses were now routinely checked to ensure they remained clean and fit for purpose.

#### Visiting in Care Homes

People were able to receive visitors without restrictions in line with best practice guidance.

#### Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong. Effective systems were in place to report, record and review accidents and incidents.
- The registered manager completed a monthly analysis of accidents and incidents within the service. This allowed them to identify any themes, trends or action needed to keep people safe. For example, where specialist equipment such as crash mats, low beds or sensors were needed for people at risk of falls.
- Learning from when things went wrong was shared with staff. For example, through group supervisions.
- Relatives confirmed they were informed of accidents or incidents people had been involved in and informed of any outcomes. One relative said, "I'll always get a phone call if [person] has had a fall."

#### Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- The provider's safeguarding policy was up to date and understood by staff. The provider worked alongside the local authority to investigate safeguarding concerns.
- People and their relatives told us they felt safe at the service and knew how to raise any concerns. One person said, "I absolutely feel safe here." A relative told us, "[Person] is safe here, warm, fed and I can talk to the staff and managers if I am worried."

#### Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff.
- Staffing levels were calculated based on the level of support people required. This was kept under review by the registered manager to ensure staffing levels remained safe.
- People and relatives felt there were enough staff. One person said, "[Staff] will come quickly if I need them." A relative told us, "There's always staff around." Communal areas were constantly supervised, staff were not rushed and people's requests for support were responded to promptly.
- The provider operated safe recruitment processes. This included obtaining references and carrying out a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff had received the required training and support for their roles. This was a breach of regulation 18 (2) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had made enough improvements and the service was no longer in breach of the regulation.

- At our last inspection, staff had not received the required training to support their role. At this inspection, the provider made sure staff had the skills, knowledge and experience to deliver effective care and support.
- Training records showed staff were up to date with mandatory training. The registered manager explained they were adapting training provision for staff to get the most out of training, and to meet different learning styles, such as face to face, practical and theory-based training.
- Staff completed an induction when they started working at the service. They received ongoing support in the form of supervisions, competency checks and observations of practice. Staff confirmed they felt suitably trained and supported in their roles.
- Nursing staff were supported in their clinical supervision, competencies, and re-validation of professional registration.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

At our last inspection we recommended the provider consider current guidance and best practice in relation to the Mental Capacity Act 2005. At this inspection we found improvements had been made and the provider was working in line with the Mental Capacity Act.

- The registered manager ensured appropriate legal authorisations had been applied for where people were being deprived of their liberty.
- Mental capacity assessments and best interest decisions were completed appropriately. Staff supported people to make their own choices wherever possible.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and care and support was delivered in line with current standards to achieve effective outcomes. Care plans were reviewed monthly, or as people's needs changed.
- Nationally recognised tools were used to inform people's care. For example, a tool to assess risk to skin integrity was completed monthly. This meant any changes in need were identified and action to prevent skin breakdown could be taken promptly.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to eat and drink enough to maintain a balanced diet. The dining experience was calm, relaxed and people received appropriate mealtime support. People spoke positively about the food, one person said, "The food here is marvellous, the meat pie is my absolute favourite."
- Kitchen staff knew how to prepare food safely to meet people's various dietary requirements.
- People were supported to live healthier lives, access healthcare services and support. People's health was monitored and escalated appropriately. For example, people were regularly weighed.
- Prompt referrals to relevant healthcare professionals were made, such as community mental health team, speech and language therapy and dietician. Recommendations were followed by staff. For example, one person told us staff helped them to complete their physiotherapy exercises as advised.
- The provider ensured the service worked effectively within and across organisations to deliver effective care, support and treatment.
- A multi-disciplinary team book was in place, so any advice or feedback from healthcare professional visits was clearly recorded for staff to refer to. A healthcare professional who worked with the service confirmed this system was effective and told us, "[Staff] are always very good with the handover, they clearly care and know [people] and their needs well."

Adapting service, design, decoration to meet people's needs

- People's individual needs were met by the adaption, design and decoration of the premises. People's bedrooms were personalised.
- Refurbishment plans were in progress to update the service and improve accessibility and infection control practices. For example, changing floors and the addition of signage around the building to help people navigate.
- People were involved in the refurbishment plans where possible. For example, people had chosen colours for the walls. The registered manager explained feedback had been received about improving the outdoor area. This had been listened to and plans were in place to address this.
- Specialist equipment was available as needed for people. For example, moving and handling equipment was appropriately maintained and staff were observed to use it safely.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect. They were involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity;

- People were well supported. Interactions between staff and people were kind and nurturing. This was reflected in the consistent positive feedback about staff and their caring attitudes. One relative said, "The staff are just awesome, so kind and caring." Another said, "Staff here are friendly, they make it feel like a family." A person told us "[Staff] are lovely here."
- People's records were written respectfully and considered people's protected characteristics. For example, one person's care plan provided guidance on how staff could support a person with a visual impairment to have a good day. This included tips such as completing chair-based exercises to help orientate them to their left and rights.

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- People's privacy, dignity and independence were respected and promoted. For example, staff were observed to knock on doors before entering and talk people through the support they were providing them.
- The registered manager was considering how practice could continue to be improved to promote people's dignity. For example, some plastic cups and crockery were used by people at mealtimes. The registered manager told us they will look to ensure these were only used by people who needed it.
- The provider used CCTV at the location. Relevant policies and procedures were in place to protect people's privacy and data.
- People were supported to express their views and make decisions about their care. For example, people chose how they wished to spend their day, and this was respected.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

At our last inspection the provider had failed to ensure people received person centred care. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had made enough improvements and the service was no longer in breach of the regulation.

- People were supported as individuals, in line with their needs and preferences. Care records were person centred and considered people's life history. People and their relatives were involved in care planning and reviews.
- Staff had a good understanding of people's diverse needs. A visiting healthcare professional told us, "[Staff] understand [person's] dementia, and what non-verbal signs mean. They are excellent with them."
- People were supported at the end of their life to have a comfortable, dignified and pain free death.
- Staff had received training in end-of-life care. People's care records detailed discussions held with people about how they wished to be cared for at the end of their lives. For example, one person's end of life care plan explained they wished to pass away listening to a specific song and holding a staff members hand.
- Spiritual needs in end-of-life care were considered and supported. For example, a visiting member of the local church we spoke with explained how they worked alongside the service to support religious traditions relating to death and dying and the positive impact this had had, such as performing last rites.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was meeting the Accessible Information Standard.
- People's communication needs were assessed, understood and supported.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships, follow their interests and take part in activities that were relevant to them.

- A comprehensive activity programme was in place which took into consideration people's needs and choices. This included trips out, such as the local fair, gym or garden centre. Families were encouraged to get involved.
- The provider engaged well with the local community and had links with the local churches, schools, and various community groups. People were supported to celebrate a range of cultural events, such as Christmas and the Kings coronation.
- An activities co-ordinator was in post and provided group and one-to-one activities. They spent time with people and their families to facilitate routines and activities people could engage with. People and relatives spoke extremely positively about the impact of the activities co-ordinator. One relative said, "[Activities] are amazing, there's been a band on this week." Another said, "They try very hard with activities, [person] loves dominoes."

#### Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place to ensure people's concerns and complaints were listened to, responded to and used to improve the quality of care.
- No-one we spoke with during our inspection felt they needed to make a complaint; however, they told us they felt able to raise concerns with the registered manager and confident they would be listened to. One relative said, "[Registered manager] is brilliant, I did have an issue in the past and they got everything sorted. [Registered manager] will say if anything is wrong talk to them, they are always available."

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to ensure that systems and processes were in place to drive quality and improvements. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had made enough improvements and the service was no longer in breach of the regulation.

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery. The registered manager completed a range of audits on the environment and aspects of care, which allowed them to have effective oversight of key risk areas within the service.
- Audits created actions which were monitored to ensure improvements were made. For example, following a medicine audit, a clinical meeting was held with nursing staff to discuss the findings and reiterate policy and procedure in relation to controlled drugs and stock.
- At our last inspection the provider had not ensured policies were in date to ensure practice within the home was delivered in line with best practice or government guidance. Policies had now been reviewed and were up to date with current guidance.
- The provider had created a learning culture at the service which improved the care people received.
- Since our last inspection, the provider and registered manager demonstrated a strong focus on continuous learning and improvement. They had worked to address our findings and make the necessary improvements to the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive and open culture at the service. Staff enjoyed their jobs and were motivated by providing person centred care. One staff told us, "I love my job, when people come in, I want to get to know them." Another said, "At Oliver House we all get on as a team, we do it for people, the care is good and it's a homely and welcoming place."
- The provider had systems to provide person-centred care that achieved good outcomes for people.
- The service was well-led. The registered manager was available, consistent and led by example. Positive feedback was received from people, relatives, staff and professionals in regard to the registered manager. One person said, "[Registered manager] will always come down and speak to me, they are lovely." A relative told us, "[Registered manager] is very visible and very approachable." And a staff member said, "We can talk

to [registered manager] about any problems, they will listen."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities under the duty of candour.
- The registered manager understood their regulatory responsibility to submit statutory notifications to CQC when significant events occurred at the service.
- The registered manager was open and transparent throughout the inspection process.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics. The provider encouraged feedback through regular surveys, questionnaires and meetings.
- The majority of people, relatives and staff we spoke with felt able to feed back to the registered manager directly rather than wait for a survey as they operated an open-door policy. People, relatives and staff confirmed they felt their views were listened to and acted on.
- Feedback results were collated, analysed and shared. This allowed any themes, or areas for improvement to be picked up on and addressed.
- The provider worked in partnership with others. They requested feedback from visiting professionals to help service development. For example, a visiting healthcare professional explained they had discussed with staff the local policy on certain equipment which is used by the trust and working together to source the equipment if needed for people using the service.